DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: WALTER SCHMIDT INDEPENDENT LIVING (110413)

Address: 424 N BEAUMONT RD, PRAIRIE DU CHIEN, WI 53821

License Status: REGULAR

Licensed/Certified/Registered 01/18/1988

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0093884 End Date: 12/13/2004 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008086 Served 01/05/2005

Deficiencies Cited Subject Area Compliance

Verified

83.43(3)(b)1 TESTING BY SERVICE COMPANY

83.43(4)(b)3 BATTERY OPERATED AND 5 YEAR DELAY

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 01/04/2005 SOD #10008086 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.43(3)(b)1 FORFEITURE---83.43(4)(b)3

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